Health Services
LOS ANGELES COUNTY

DHS Expected Practices

Specialty: Women's Health

Subject: Contraception Counseling

Date: March 5, 2014

Purpose:

To provide guidance to clinicians who counsel women at risk for unintended pregnancy about appropriate contraceptive methods

Target Audience:

Primary Care Providers and other providers of Women's Health care

Expected Practice:

The expected practice in Los Angeles County DHS for *reproductive age women (menarche to menopause) who are at risk for unintended pregnancy* is as follows and includes active participation from the patient in the development of her reproductive life plan.

Who should receive contraception counseling?

Contraceptive methods and choices should be discussed with all reproductive- age women at risk for unintended pregnancy (menarche to menopause).

Advantages of contraception counseling[1]

- Reduces unintended pregnancies, now approximately 50% of pregnancies in U.S.
- Involves patient in her own care and dispels misconceptions and myths
- Improves success with complicated regimens
- Encourages change of risky behaviors
- Facilitates decision-making process regarding contraception and STI prevention
- Increases adherence by providing anticipatory guidance about potential side effects
- Strengthens the provider-patient relationship and maintains confidentiality

Considerations to be taken into contraception counseling

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

Contraception counseling should aim to maximize efficacy, patient satisfaction, and adherence. **The best method is the one that is medically appropriate and is used consistently by a user who is satisfied with the method.** Comprehensive contraception counseling includes the discussion of:

- All contraceptive methods (including permanent and non-hormonal)
- Efficacy
- Safety
- Return of fertility
- Side Effects and risks
- Non-contraceptive benefits
- STI prevention (dual-protection strategy with condoms)
- Emergency contraception and back-up contraception
- Ongoing need for primary care

Key questions to assist with counseling[1]

What contraceptive did you come to this office today wanting to use?
When (if ever) do you want to have your next child?
What method(s) did you use in the past? What problems did you have?
What are you doing to protect yourself from STIs/HIV?
Do you have any medical problems? What side effects are you willing to accept?

Efficacy of contraceptive methods

Clinicians should honor patient preference, prescribing the particular method each patient chooses, unless a contraindication exists. However, patients should also be educated about all their options, with special emphasis on the highest-efficacy methods. For example, long-acting reversible contraception (IUD, implant) is highly effective with few contraindications, and most women would be eligible. Efficacy of contraceptive methods can be divided into three tiers (highly effective, moderately effective, least effective) as outlined in **Table 2**. Clinicians should provide advance prescription of Emergency Contraception (Ella) for any method that falls into the least effective category (See Emergency Contraception Expected Practice).

Safety of contraceptive methods

A complete medical history should be taken with special focus on contraceptive method contraindications. Prior to prescribing combined hormonal contraception, contraindications to estrogen should be noted (ex. uncontrolled HTN, acute DVT, DM with vascular disease, history of breast, uterine, or ovarian cancer). **For each patient, it is important to consider the risks and benefits of a contraceptive method compared to that of unintended pregnancy.**

Categories for classification of conditions in US MEC

The CDC's *U.S. Medical Eligibility Criteria for Contraceptive Use*, 2010 (US MEC) provides guidance on the safety of contraceptive method use for women with medical conditions[2]. The conditions are classified under one of four categories (**Table 1**).

Table 1: US MEC Classification Categories

1	No restriction for the use of the contraceptive method
2	Advantages of using the contraceptive method generally outweigh the theoretical or proven risks
3	Theoretical or proven risks usually outweigh the advantages of using the contraceptive method
4	Unacceptable health risk if the method is used

Table 2: Major methods of contraception and non-contraceptive benefits and safety concerns[1]

Method	Efficacy tier (Typical use failure rate)	Non-contraceptive benefits	Common side effects	Complications (rare)	Return to fertility
IUD LNG-IUS (Mirena®) Copper T IUD (Paragard®)	Highly effective	Lactation not disturbed. Both reduce risk of ectopic pregnancy and endometrial cancer. LNG-IUS treats bleeding for AUB, menorrhagia and fibroids	Copper T IUD increases menstrual flow, blood loss and cramping. LNG-IUS causes irregular bleeding/amenorrhea/decreased flow	PID following insertion, uterine perforation, bleeding with expulsion	Immediate
Progestin-only Implant (Nexplanon®)	Highly effective	Lactation not disturbed. Less blood loss per cycle	Menstrual changes, mood changes, weight gain or loss, headaches, hair loss	Infection at implant site, reaction to anesthesia, complicated removal	Immediate
Sterilization Surgical Hysteroscopic (Essure®)	Highly effective	Reduces risk of ovarian cancer, endometrial cancer, PID	Pain at surgical site, adhesion formation subsequent regret	Surgical complications (bleeding, infection, damage to organs)	Consider irreversible
Progestin injection (Depo Provera®)	Highly effective	Lactation not disturbed. Reduces risk of sickle cell crises, endometrial cancer, ovarian cysts. May reduce PID, seizures,	Menstrual changes, weight gain, headaches, hair loss, adverse impact on lipids, mood changes	Allergic reaction, excessive weight gain, glucose intolerance, severe depression	Delayed (average 10 months)

Method	Efficacy tier (Typical use failure rate)	Non-contraceptive benefits	Common side effects	Complications (rare)	Return to fertility
		ovarian cancer			
Progestin only pill	Moderately effective	Lactation not disturbed	Spotting, breakthrough bleeding, amenorrhea, mood changes	None	Immediate
Combined hormonal pill Patch (OrthoEvra®) Ring (Nuvaring®)	Moderately effective	Decreased dysmenorrhea, PMS, blood loss; protects against PID, ovarian and endometrial carcinomas, some benign tumors, ectopic pregnancies, and ovarian cysts; reduces acne; treats endometriosis	Nausea, vomiting, headaches, dizziness, mastalgia, spotting and bleeding, mood changes OrthoEvra Only: Skin irritation at the site of the patch	Cardiovascular complications (DVT, PE, MI, HTN), depression, hepatic adenoma	Immediate
Diaphragm	Least effective *Advance Emergency Contraception Recommended	Reduces risk of STI and cervical dysplasia *Requires Fitting Examination	Vaginal and bladder infection, vaginal erosions	Rare anaphylactic reactions to latex, toxic shock syndrome	Immediate
Condom Male Female	Least effective *Advance Emergency Contraception Recommended	Reduces risk of STI and cervical dysplasia	Decrease in spontaneity, latex allergy	Rare anaphylactic reactions to latex, toxic shock syndrome	Immediate

Additional Areas of Consideration

Contraception initiation

Please refer to Contraception Initiation and Use Expected Practice. As an additional resource, the CDC's *U.S. Selected Practice Recommendations for Contraceptive Use* (US SPR) provides detailed guidance on how contraceptive methods can be initiated[3].

Emergency contraception
Emergency contraception should be offered to any woman who wants to prevent pregnancy and has had sexual intercourse without contraception, with inadequate or incorrect use of contraception, or forcibly (any victim of sexual assault) over the past 120 hours. Advance prescription should also be provided to improve utilization. Refer to Emergency Contraception protocol.

Adolescent counseling
There are some special considerations that should be taken for younger women (age <21 years old). An adolescent patient should be counseled in a sensitive manner and in a private setting. Services should be provided individually, without the partner present. Adolescents should also be reminded that all services are confidential. Counseling and services should include[4]:

- STI risk-reduction counseling and screening (screen all women <25 yr. for chlamydia annually)
- Instruction on proper condom-use and provision of condoms
- Screening for Intimate partner violence
- Recommend communication with a parent or trusted adult about sexual health issues
- Information about highly effective contraception, particularly LARC (IUD, Implant)
- Advanced prescription of emergency contraception
- "Quick Start" regimen for contraception to improve use and continuation (Refer to *Contraception Initiation* protocol).

Follow up
All patients should be advised to return at any time to discuss unwanted side effects, if she desires to change the method, and when it is time to remove or replace the method of contraception. At routine visits, patient satisfaction and any changes in health status including medications should be assessed to determine contraception appropriateness[3]. For specific follow up considerations, please refer to CDC SPR.

Clinicians who do not feel comfortable with contraception counseling should at minimum provide condoms and emergency contraception and provide referral via eConsult to Family Planning or OB/GYN for definitive services.

Resources

CDC Medical Eligibility Criteria and Selected Practices
http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm
http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USSPR.htm
Contraception research and education materials
www.guttmacher.org
www.familypact.org
www.arhp.org
www.familypact.org

References

1. Zieman et al. *A Pocket Guide to Managing Contraception.* Tiger, Georgia: Bridging the Gap Foundation, 2010.
2. CDC *U.S. Medical Eligibility Criteria for Contraceptive Use*, 2010.
3. CDC *U.S. Selected Practice Recommendations for Contraceptive Use, 2013 (US SPR).*
4. Family Pact Clinical Practice Alert. *Providing Clinical Services to Female Adolescents.* May 2007.